A Culture of Effectiveness: Using Program Evaluation and Improvement Processes to Build a More Effective System of Care for Psychological Health and Traumatic Brain Injury

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[Slide 1]

Ms. Stark: Good afternoon and thank you for joining us today for the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury or DCoE's first in a series of Program Evaluation and Improvement training webinar presentations. My name is Debra Stark. I provide contract support to DCoE in standing up a Psychological Health and Traumatic Brain Injury Program Evaluation and Improvement capability. I will be your moderator for today's webinar.

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Before we begin, let's review some webinar details. Today's webinar is hosted using the Adobe Connect platform, and the technical features are being handled by DCoE's webinar support team in Washington, D.C.

This session has been pre-recorded; however, there still may be audio delays as slides advance. Please be patient as the connection catches up with the audio. Depending on your network security settings, there may also be some noticeable buffering delays.

This presentation is primarily directed to Program Points of Contact, or POCs. The full presentation and the presenter's handouts were emailed prior to the webinar; however, they are also available in the FILE DOWNLOAD box during the webinar.

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Continuing education credit is not available for this event but may be available for future webinars.

Since this session was pre-recorded, there will be no Question and Answer session at this time. However, throughout the webinar, we encourage you to submit technical or content-related questions via the QUESTION box located on the screen. Questions submitted through the QUESTION box will be forwarded to our presenters and will be used to guide the creation of FAQs or inform the development of future webinars. If you would like an individualized response, please provide contact information with your submitted question, or contact Captain Thoumaian directly using the contact information provided at the end of the presentation on slide 33.

Although there is no live Question and Answer session for this webinar, please feel free to identify yourself to other attendees and to communicate with one another via the chat box at the bottom of the screen.

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Our first presenter is Captain Armen Thoumaian. Captain Thoumaian is a Health Science Officer with DCoE. He is a Scientist Director in the Commissioned Corps of the U.S. Public Health Service with more than 30 years' experience in health and mental health program design and evaluation. In January 2012, Captain Thoumaian joined DCoE to help design and implement program evaluation and improvement efforts in the Defense Department. He holds a B.A. in Psychology and Sociology, an M.A. in General Experimental Psychology, and a Ph.D. in Social Welfare and Social Work. Captain Thoumaian completed a National Institute of Mental Health fellowship in Community Mental Health.

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Our next presenter is Dr. Aaron Sawyer, a Research Scientist, who provides contract support to DCoE. Dr. Sawyer is a clinical psychologist with extensive expertise in intervention outcome research and program evaluation. He has delivered child, family, and adult interventions for more than a decade, including specialization in trauma and experience working with military families. Dr. Sawyer holds an M.S. in Experimental Psychology and a Ph.D. in Clinical Psychology. He completed postdoctoral training at The Kennedy Krieger Institute/Johns Hopkins University and is a Licensed Psychologist.

Dr. Sawyer: Our final presenter is Ms. Debra Stark. Today Ms. Stark is both moderator and presenter. Ms. Stark also is a Research Scientist providing contract support to DCoE . She is a survey methodologist with more than 15 years of research experience. Ms. Stark's work includes program evaluation and monitoring, qualitative data analysis, and survey design. She has worked on health services evaluation projects with the National Institute of Allergy and Infectious Diseases, the Centers for Medicare and Medicaid Services, the Health Resources

and Services Administration, the Department of Veterans Affairs, and Tricare Management Authority. Ms. Stark received her MBA from Vanderbilt University.

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Ms. Stark: Today's webinar topic is "A Culture of Effectiveness: Using Program Evaluation and Improvement Processes to Build a More Effective System of Care for Psychological Health and Traumatic Brain Injury."

This webinar will provide an introduction to the DCoE plan to improve the system of prevention and care for psychological health and traumatic brain injury (TBI). This webinar will provide an overview of DCoE's Program Evaluation and Improvement (PEI) effort, describe the process of working toward a Culture of Effectiveness, and discuss common challenges that arise when programs seek to carry out evaluations.

At the conclusion of this webinar, participants will be able to:

- Describe the meaning of a Culture of Effectiveness for psychological health and TBI prevention and care programs.

- Explain the major parts of conducting an evaluation.

- Identify common challenges that programs face when conducting internal evaluations and/or responding to external evaluations.

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As you will notice on slide 7, the first topic is an introduction to DCoE, followed by an overview of DCOE's approach to program evaluation, a discussion of what is meant by a Culture of Effectiveness, and a concluding consideration of implementation challenges.

Dr. Sawyer will begin the presentation following an introduction by Captain Thoumaian.

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CAPT Thoumaian: Hello, I'm Captain Armen Thoumaian, and I take pleasure in introducing a series of webinar presentations designed to increase the capacity of programs to engage in program evaluation activities, and we hope it will be useful to attendees.

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DCoE was created in 2007, at a time when rates of psychological health challenges and traumatic brain injuries were rising rapidly as a result of our military's engagements in Iraq and Afghanistan.

DCoE's Vision is to be a trusted source and advocate for psychological health and traumatic brain injury knowledge and standards to improve the system of care within the Department of Defense.

This vision serves the Mission of improving the lives of our nation's Service members, their families, and veterans as well,…by advancing excellence in psychological health and traumatic brain injury prevention and care.

As such, DCoE's primary role is to support Service members by increasing the knowledge base for psychological health and traumatic brain injury and by promoting high standards of prevention and care through a focus on interventions and practices that have the greatest evidence of effectiveness. This is a substantial task, given that the military has developed numerous programs serving thousands of individuals, with program focus areas ranging from early screening to resiliency training and monitoring, and including treatment, rehabilitation, and veteran's services.

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To help its mission become a reality, DCoE relies on its component centers, which have specific areas of expertise.

The Defense and Veterans Brain Injury Center, or DVBIC, "serves active duty military, their beneficiaries, and veterans who have sustained traumatic brain injury through state-of-the-art clinical care", "….clinical research initiatives and educational programs, and support for force health protection services."

The Deployment Health Clinical Center, or DHCC, works to improve deployment-related health care. "DHCC seeks to transform military health care delivery systems from a disease management model to a more effective and efficient population-based collaborative model of care through health systems research, program….support at military treatment facilities (MTFs), and program evaluation services."

The National Center for Telehealth and Technology, or T2, is "comprised of psychologists, researchers, interactive designers, and technical specialists who develop….assessment, screening, reference, and treatment tools for the military community." Their mission is "to lead the development of telehealth and technology solutions for psychological health and traumatic brain injury to improve the lives of the Nation's Warriors, Veterans, and their Families."

If you haven't done so recently, we invite you to check out DCoE's website which can be accessed at www.dcoe.mil. DCoE and its centers are continuously active in innovating new services across the system of prevention and care to address the unique challenges of Service members.

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Within DCoE, there are three major directives driving DCoE's program evaluation and improvement effort. The full text of these directives is available online for anyone who is interested. The links are included on slide 32 at the end of this presentation.

First, the DoD Agency Priority Goal seeks to "Improve the care and transition of wounded, ill, and injured warriors." Most relevant to the program evaluation and improvement effort, this goal included a focus on improving program effectiveness, in part by supporting the development of a comprehensive system "…. to monitor the success of individual programs" and to ensure that routine assessments are completed to determine the needs of Service members.

Second, the National Defense Authorization Act requested the Secretary of Defense submit to "the Committees on Armed Services of the Senate and the House of Representatives a plan to improve the coordination and integration of the programs of the Department of Defense that address traumatic brain injury and the psychological health of members of the Armed Forces." As part of that plan, the Defense Department was asked to identify gaps and redundancies in the system of prevention and care, and provide a plan to address those gaps and redundancies.

The third major directive, an Executive Order, also focused on providing the best possible prevention and care programs for Service members. The Order calls upon DoD to review all existing programs that target psychological health, TBI, and related concerns, and to "rank programs within each of these program areas using metrics that assess their effectiveness." The goal is to ensure that those programs found most effective are made available across the military's service system and that programs found least effective are replaced by more effective programs.

Again, these are only summaries, so please consult the full-text on the web for more information.

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DCoE has initiated responses to the directives just mentioned as part of a broader Program Evaluation and Improvement, or PEI, effort. This effort will inform senior-level decisions with the goal of improving the effectiveness of psychological health and TBI programs across the Department of Defense.

In 2013, the PEI effort included completion of an information collection and assessment of psychological health programs and a scientific panel review of those programs. This fiscal year, as many of our participants know, DCoE has begun an Information Collection and Rapid Evaluation effort, which documents baseline attributes of effectiveness for clinical and non-clinical programs, including both psychological health and TBI programs. Thereafter, DCoE plans to conduct more thorough evaluation studies and continue to develop trainings, toolkits, and other services to support PEI efforts. In part, the activities this fiscal year will determine what types of evaluation and support are needed in the future. In addition, I know DCoE would greatly appreciate any input our participants today might have about the types of training, support, and services that would be most beneficial.

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Now, I'd like to turn over the presentation to Dr. Sawyer, who will provide an overview of DCoE's Approach to Program Evaluation.

Dr. Sawyer: Good Afternoon. I'm proud to be here today as a researcher and psychologist supporting DCoE's and the military's efforts with Service members and their families.

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It may seem a bit elementary, but it is important to begin with a common definition for program evaluation. Simply stated, a program evaluation is an individual systematic study conducted on a regular or *ad hoc* basis to assess how well a program is working. Two key parts of that definition are worth highlighting:

First, program evaluation is systematic – this means that evaluation is done according to methods that are intended to be as objective and consistent as possible, and the methods involve collecting data to answer specific questions. The question most often asked is "how well is a program working?" Does the program actually accomplish what it is intended to do? Given the wide range of psychological health and TBI programs, each developed to meet different needs, "what a program is intended to do" could be anything from reducing the suicide rate of Service members to increasing capacity to manage stress during transitions.

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Hopefully, it is clear program evaluation is intended to be tailored to questions that are relevant to a specific program. Thus, the outcomes that may be the focus of a program evaluation designed for a prevention program will be different than an evaluation focused on a clinical or treatment program.

Despite the reality that any single program evaluation study needs to be tailored to a specific program, there are general elements that apply to conducting any program evaluation study.

First, start with good planning and preparation. This means that all individuals involved in a program evaluation (such as program administrators and staff, stakeholders, and external evaluators) have to determine a program's needs and assets, define the program using a logic model, identify the program's intended outcomes, and choose the right evaluation design.

Second, conduct an evaluation. This involves collecting information, doing analysis of data, and interpreting what the data mean. For example, it may be that the program is working well for one group but not as well for another group. Additionally, the program may be affecting some outcomes but not others, or certain subgroups aren't able to access the program despite a documented need.

Third, report on findings and make changes or improvements to the program. Programs are accountable to a number of different individuals and agencies, including leadership, funding agencies, taxpayers, and program participants. As such, it is important to develop reports that are understandable to these individuals and agencies and which answer their questions, in addition to any questions that might be internally useful to the program. Evaluations often reveal potential areas for improvement, so program leadership and others must work together to figure out what changes are most important and how those changes can be realistically accomplished given available resources.

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Having clear, specific goals and objectives under a program's broader mission are essential parts of effective programs. It is additionally crucial to ensure a program evaluation serves its purpose. Mission, Goals, and Objectives are often overlooked. They are likely posted in the hallway at the program site location and in brochures or on the program's website; however, rarely is much thought given to these items after they're posted.

An effective program evaluation pays close attention to the program's stated mission, goals, and objectives. In order to determine whether a program is working well, the program's objectives need to be clear and closely tied to the overall mission and goals. The program's mission, goals, and objectives provide increasing specificity about what the program intends to accomplish. If the objectives aren't clear, not only will it be difficult to determine whether or not a program is working, it will be that much harder to justify its continued existence.

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In particular, a program's objectives need to be SMART. That is, they must be Specific, Measurable, Achievable, Relevant, and Time-bound.

As an example, consider a substance abuse program. At the most basic level, the mission and goals of the program should include language about reducing substance use. When framing objectives, however, questions may remain including: Decrease by how much? How will the reduction be measured? Over what time period? As such, one illustration of a SMART Objective for this type of program could be:

Participants will maintain abstinence from alcohol and other substances, as measured by self-report and weekly drug testing, during the 28-day program and subsequent 90-day period of intensive outpatient treatment.

More in-depth description and examples of establishing SMART objectives will be provided in future webinars; the key takeaway for this training is the importance of being specific about what the program intends to accomplish.

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Another key part of planning and preparing for program evaluation is selecting an appropriate design. There are three major types of program evaluation designs, each containing several subtypes to answer specific questions.

Process Evaluation Designs measure whether a program is performing as it was intended. Does the program target a specific need or population? What activities or practices are used to address that need? What types of measurements are being taken to determine whether the program is achieving its mission? The focus of process evaluation designs is a program's processes and operations.

Outcome Evaluation Designs focus on the overall results of the program in terms of whether the program accomplishes its short- and long--term goals. An Outcome Design for program evaluation is what most people think of with regard to evaluation. Does the program achieve what its goals and objectives say it is supposed to achieve? Do the benefits last over time? For example, does a suicide prevention program actually reduce suicide among program participants?

Impact Evaluation and Cost Analysis Designs are a bit more complicated and focus on big-picture and policy issues. These designs address questions about whether having the program in the system of prevention and care, actually makes a difference for the population, i.e., is the program making a difference, or is it doing something else? Cost Analysis questions include queries such as, What does the program cost? Do the benefits resulting from the program save money for the organization? Can the benefits justify program costs?

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This pyramid illustration on slide 19 depicts multiple evaluation designs within each of the three primary focus areas. The list is not exhaustive, but I wanted to highlight a few designs.

As previously discussed, Process Evaluation Designs measure whether a program is performing as it is intended. As one example of this, a Fidelity Assessment would look at whether the individuals who provide program activities are actually conducting them as planned.

This is a critical issue with regard to Best Practices or Evidence-Based Interventions. Research demonstrates that training people in Best Practices or Evidence-Based Interventions is only a part of the overall picture; without ongoing monitoring and support, there tends to be some drift away from consistent actions. As such, a program can measure just how well its service delivery team is actually performing Best Practices, or whether the team is performing Evidence-Based Interventions as designed. The results inform a program manager that additional training and support are needed; or, if the intervention is being performed with high fidelity, but not attaining positive results, that may indicate the intervention should be modified in some way to better meet the population's need.

In Outcome Evaluation Designs, a program's focus may change over time. In some cases, a program manager may be interested in whether immediate or short-term results last. In other cases, the program manager may be interested in whether short-term results are related to a broader range of long-term outcomes. For example, if a program can show it increases coping capacity or reduces PTSD symptoms in the short-term, and those short-term results are linked with substantial reductions in substance abuse and suicide over time, then the initial benefits are doing double-duty over time, which is noteworthy for stakeholders. On the other hand, if a program is showing positive outcomes that diminish over time, it may mean that refresher prevention trainings or additional treatment interventions are needed later on to help maintain positive outcomes.

Finally, Impact Evaluation and Cost Analysis Designs are of great interest to policymakers and high-level stakeholders who have to make tough decisions about which programs to prioritize, where to target resources, and where to make cuts. The key thing to know about these types of designs is that, if you are at the program level, this is often how external groups will be viewing the program based on their priorities. For instance, if a TBI screening program costs X amount, but the benefit of accurately identifying Service members with TBIs is 10 times the cost of the program, that information can be used to justify the existence of the program. Thus, it is essential that programs clearly outline what is being done and why and that outcomes are being assessed on a regular basis to justify the work being accomplished.

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As a way of summarizing, I want to talk briefly about the key benefits of program evaluation. Starting at the top of slide 20 and moving clockwise…

The most immediate benefit provided by program evaluation is that it can provide rich information about a program's strengths and opportunities for growth or improvement. Every program should be able to measure and highlight what it's doing well, and every program should be able to identify areas in which it could improve, so that it can accomplish its mission more effectively.

Second, program evaluation helps to establish programs as evidence-based. Evidence-based is a popular term right now and, on a basic level, means that the program has undergone evaluation and has been shown to be providing meaningful benefits to participants. The more evidence-based programs that are established or identified, the greater the improvement across the service system as a whole in terms of quality and outcomes.

Third, program evaluation supports the development of best practices. By collecting information across a large number of programs, general intervention practices known to work well can be identified and applied more widely within new and existing programs. Many of our participants are already using best practices or evidence-based interventions – program evaluations are the source of information used to confirm that actual practices and interventions are best practices.

Fourth, although it may not seem desirable at first glance, completing a program evaluation helps to develop capacities that allow future evaluations to be conducted, whether within the program or by external evaluators. Prevention and treatment programs are being held accountable by an increasing number of stakeholders. This pattern is likely to continue over time with standards continually elevating. So, engaging in program evaluation activities will help programs obtain much-needed information on an ongoing basis.

Finally, program evaluation provides information that justifies a program's existence to stakeholders. When a program submits a budget, the reviewers want to see data that demonstrate the program is doing what it set out to do: meeting a need, and making effective use of limited resources. In later webinars, we'll talk about how to capitalize on evidence to make the case to stakeholders in reports and other communications that highlight the strengths of programs.

Now, I'll hand off the presentation to Ms. Stark for the next portion of the program.

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Thank you, Dr. Sawyer.

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What characterizes a Culture of Effectiveness? Foremost, it is the use of evidence-based interventions and practices.

In a Culture of Effectiveness, psychological health and traumatic brain injury programs use methods of prevention, care, and treatment to provide the highest level of care possible in their clinics and Military Treatment Facilities. In a Culture of Effectiveness, a Service member can count on receiving the same high-quality level of care or treatment regardless of location.

Within a Culture of Effectiveness, a full range of services is provided. Additionally, there is continuity of care. A Service member isn't confronted with gaps—isn't told he or she cannot access a necessary kind of care—isn't told, "Well, we treat this condition up to this point here, but afterward, when you get to this other point, we don't have a program or treatment available for you."

In a Culture of Effectiveness, accurate, objective data is used to drive decision-making and improvement. Each program will be readily able to display their goals, assets, accomplishments, and advantages. In this age of fiscal realignment and budget-cutting, when Leadership looks at programs and how they function, and examines the services each program provides, program evaluation data will help Leadership compare "apples with apples," and "oranges with oranges." In this way, Leadership can set programmatic system-wide directions and priorities, spread the word about promising or trending programs, and make recommendations to policymakers based on what is known and being accomplished "in the field."

Having accurate data is a cornerstone in the process of building a Culture of Effectiveness. In a Culture of Effectiveness, a structured approach to obtain accurate, reliable data is followed.

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Why is a Culture of Effectiveness needed? A Culture of Effectiveness is needed to ensure that the very best system of care is attained.

The graphic on the left of slide 23 illustrates what is meant by a system of prevention and care. The graphic shows the continuum of programs that form a system—a system of prevention and care that guides and tracks patients over time.

This graphic illustrates the essence of good care, where activities from prevention to screening to rehabilitation are interwoven and coordinated to address the full range of need.

As a system of care, this interface between the care and the program participant (the Service member or family member), needs to be based on trusted knowledge, needs to be properly implemented, and needs to be responsive to changing needs.

That is where the Culture of Effectiveness comes in—forming a strong Culture of Effectiveness across DoD will ensure the system is effective, efficient, and responds to the changing needs of Service members and their families.

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How do we get to a Culture of Effectiveness?

To get to a Culture of Effectiveness, DCoE, program managers, and administrators will need to work together to: identify and implement high-quality programs and practices, identify duplicative efforts that may be streamlined, and support program improvements.

What is meant by "high-quality programs and practices?"

This refers to obtaining the best possible outcomes for a program participant in a timely manner and in a location that is readily accessible. The ability to obtain best possible outcomes may require change, which brings us to the second bullet on slide 24. Changes in the system of care and prevention must be based on objective information.

To underscore this point, in order to attain high-quality outcomes and develop the best possible psychological health and TBI solutions for DoD. It will be necessary to increase the availability of objective data for planning and management.

This takes us to the third bullet on this slide. Building a Culture of Effectiveness means that program evaluation activities must be a part of everyday activities. This is not a "once-and-done" effort. This effort involves a different mindset, where program evaluation and improvement activities, or PEI, are integrated into—and become an inherent part of—day-to-day operations.

Evaluating, revising, and refining program activities on a regular basis is vital to ensuring that a program is progressing, improving, and meeting its mission.

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A Culture of Effectiveness needs to be enacted from the inside out, starting at the point where the services or interventions are delivered. This will confer benefits directly to the service

delivery programs. Ongoing PEI efforts and program evaluation activities are not done solely to meet the expectations of external stakeholders.

Consider the term 'stakeholders.' By stakeholders, we mean others who have a strong interest in a program's operations and outcomes, such as funding partners, unit or service command, academic researchers, and policymakers. We have previously touched on how one external stakeholder –Leadership: will use data: to identify trends, gaps, and promising practices from which other programs might benefit.

Access to program evaluation data will help programs at the local level. Evaluation will help those of you at the program level determine whether the program you are implementing at your facility actually works, and if so, will provide the evidence to back up that assertion.

Evaluation data can help programs see where performance gaps exist that might be addressed by staff training, determine whether best practices are in fact being implemented at the program site (and showcase them if they are), and learn where improvements may be made which will lead to higher-quality care.

In essence, evaluation data can provide accurate, up-to-date information about program operations, and may point the way forward to changes that improve program quality - to help get the right services to the right people at the right time.

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To support a transition toward a Culture of Effectiveness, DCoE is presenting this webinar series to provide training and information to individuals at the program and service level regarding Program Evaluation and Improvement (PEI) processes.

The webinar series will highlight available tools and services related to PEI processes--to help carry out evaluations, and identify and monitor improvements. We hope you will join us for future webinars in this series on how to perform specific evaluation activities such as developing a mission statement, conducting a needs assessment, creating a logic model, collecting and analyzing data, and creating an evaluation report that may be shared with stakeholders.

Additionally, DCoE has created a Program Evaluation Guide to help administrators and managers walk-through this process.

DCoE will offer other change management supports to help psychological health and TBI programs prepare to be evaluation-ready, and to integrate evaluation activities into their daily operations.

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There are many challenges to conducting program evaluations. How is all of this to be accomplished? Program evaluation is time-consuming, and it may be difficult to estimate how much time it will take.

In a resource-challenged environment, what resources will the program be able to use? Staff members with needed skill sets may not be available.

The term "evaluation" covers a lot of ground. To start, how do I know which evaluation design to select? Which data collection tools to use?

What is the timeframe for this activity? It may require a great deal of time and effort. Where is the line item for this in the budget?

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DCoE's trainings, tools, and support services are designed to help with the evaluation process. DCoE can provide the guidance needed to carry out program evaluation tasks, implement them at the program location, and overall help programs transition to a Culture of Effectiveness.

Although the technical aspects of evaluation can be complex, the evaluation process itself builds on what most program managers already do--figure out whether the program's objectives are being met, which aspects of the program work, which aspects are less than effective, and why.

DCoE can help get your site, facility, or program on the road to evaluation readiness. DCoE can help you determine which type of evaluation is appropriate for your program, help you select the right questions to ask to measure effectiveness, and select the best methods to use so that your metrics are complete and consistent. You may already collect and have access to some of this data. DCoE can help you assess your data and document results.

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CAPT Thoumaian: Thank you Ms. Stark.

You've heard a great deal today about DCoE, program evaluation, and the Culture of Effectiveness.

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The key takeaway from this presentation is the message that evaluation is an essential part of delivering quality care services.

This work, done systematically and methodically, will allow all of us to improve the system and positively impact the entire continuum of care.

I hope you will continue to attend these presentations and also to consult the Program Evaluation Guide and other materials on the DCoE website.

I thank you for joining us, and now Ms. Stark will provide some additional information to conclude this webinar.

[Slide 32]

Here are the links to the directives that were mentioned earlier and the current version of the DCoE Program Evaluation Guide.

Thank you again, Captain Thoumaian and Dr. Sawyer, for your informative presentation.